



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 871

DATE: December 9, 2009

TO: Case Managers and ISIS USERS

FROM: Department Of Human Services, Iowa Medicaid Enterprise

SUBJECT: "Revised" Level of Care Certification Form to the AIDS/HIV, Elderly, Ill and Handicapped and Physical Disability HCBS Waivers.

The Level of Care Certification form, 470-4392 has been revised. The form may be given to the member upon application by the Income Maintenance Worker, Service Worker or Case Manager. The level of care process is as follows:

- All new applicants and the annual continued stay reviews due for recipients of the HCBS waiver programs must have a Level of Care Certification for HCBS form (470-4392) completed by the primary care provider (MD, DO, ARNP or PA) to verify need or continuing need for services. This form should never be completed by the Income Maintenance Worker, Service Worker or Case Manager. A qualified primary care provider must complete and sign the form.
- Members need to be encouraged to go see their physician to have the form completed. The IME Medical Services Unit has encouraged the physician to complete the form with the member present. See Informational Letter 870.
- Members must have a valid level of care in order to receive services under these programs. Incomplete forms will require the IME Medical Services Unit to contact the primary care provider for more information, which may cause a delay in determining the appropriate level of care and services. Forms that are not filled out during an office visit - may result in a delay in services if the member is required to schedule an appointment.
- Case Managers should assist the member in taking the level of care certification for completion during routine or preventative office visits.
- The form may be faxed by the primary care provider or others involved in assisting and arranging the services (i.e., case manager, family member, hospital discharge planner). The form should not be altered in anyway after completion by the qualified primary care provider. The completed form is submitted via fax to the IME Medical Services Unit nurse review staff at (515) 725-1349.
- The IME Medical Services nurse reviewer will make a level of care determination based on the information provided on the completed certification form. The CM/SW will be notified of the decision on the level of care through ISIS. The IME Medical Services Unit may contact the assigned Case Manager to collaborate regarding the condition of the member.

During the revision phase of the Level of Care Certification form, feedback has been received from the Clinical Advisory Committee, Polk County Medical Society, Iowa Medical Society, Iowa Osteopathic Medical Association, and Iowa Academy of Family Physicians. In addition, suggestions were made by independent physicians and Case Managers. Testing of the form was completed by a select number of physicians who then provided additional feedback.

Following is a list of helpful suggestions that may expedite the level of care process:

- Ensure the certification form is taken by the member to their provider (MD, DO, ARNP or PA) and completed during an office visit.
- If the primary care provider has questions regarding the form, please refer them to the IME Medical Services Unit at 1-800-383-1173 or locally 515-725-1008.
- The Service Worker/Case Manager needs to ensure the forms are completed and faxed to the IME Medical Services Unit. The IME Medical Services Unit will respond in ISIS when the form is received by updating the LOC ISIS milestone. If the form is not received by the due date in ISIS, medical services will indicate assessment not received. The IME Medical Services Unit nurse reviewer cannot contact the primary care provider to request completion of the form, as the nurse would not know whom to contact.

Any questions regarding the completion of the form, please contact the IME Medical Services Unit at 1-800-383-1173 or locally 515-725-1008.